

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000106845

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** TOTAL HEALTH CARE OF FLORIDA, INC.

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE 355  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

4651 SHERIDAN STREET  
SUITE 355  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 65-0966915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUDOLF & HOFFMAN, P.A.  
615 NORTHEAST THIRD AVENUE  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FINE, JAMIE A  
**Address:** 4651 SHERIDAN STREET, SUITE 355  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** D  
**Name:** SUSSMAN, TODD J  
**Address:** 4651 SHERIDAN STREET, SUITE 355  
**City-St-Zip:** HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMIE FINE

D

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date